

PART B - FEE(S) TRANSMITTAL

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CLARK & ELBING LLP
101 FEDERAL STREET
BOSTON, MA 02110

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/496,231	02/01/2000	Jeffrey A. Hubbell	50154/002002	5903

TITLE OF INVENTION

BIMATERIALS FORMED BY NUCLEOPHILIC ADDITION REACTION TO CONJUGATED UNSATURATED GROUPS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$1510	2/18/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS			

KOSAR, AARON J 1651 424-422000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the name of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Kristina Bieker-Brady, Ph.D.
2. Clark & Elbing LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Eidgenössische Technische Hochschule Zurich
Universitat Zurich

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Zurich, Switzerland
Zurich, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-2095

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name Kristina Bieker-Brady, Ph.D.

Date December 3, 2009

Registration No. 39,109

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